

State of Wisconsin, Plaintiff,
-VS-**Petition and Stipulation to
Waive Appearance and
Hearing, and Order Extending
Intensive Sanctions
Confinement Period**_____, Defendant
Name

Inmate No. _____ Case No. _____

I am the defendant in this case and inform the court that:

- My address is _____.
My occupation is _____. My date of birth is (mo/day/yr) _____.
- I was convicted on (mo/day/yr) _____.
 - for committing the offense(s) of _____
 - violating statute number(s) _____
- I was placed on DIS for _____ years, _____ months,
with a confinement period of _____ years, _____ months.
- I have been in confinement for the following dates and reasons:

_____	to _____	reason: _____
_____	to _____	reason: _____
_____	to _____	reason: _____
_____	to _____	reason: _____
- I understand that the Department of Corrections is asking the court to extend my confinement time for
_____ years, _____ months.
- I also understand that I have the rights listed on the back of this form.
- I wish to waive my appearance and right to a hearing.
- I ask the court to grant the request to the Department.
- By signing this document, I certify that this waiver is made freely and voluntarily, without promises or threats.

Signature of Defendant_____
Date Signed_____
Signature of Agent_____
Number of Agent**COURT ORDER/JUDGMENT****The court finds, orders and adjudges that:**

- The defendant has waived appearance and hearing. This waiver is free and voluntary and is a stipulation to grant the relief requested.
- The Department's request is justified. The relief requested is in the best interests of the defendant and the community.
- The defendant's confinement time is extended for _____ years, _____ months.
This extension will serve the purposes for which intensive sanctions was imposed.

BY THE COURT:_____
Circuit Court Judge_____
Name Printed or Typed_____
Date

Distribution: Court – Original

Rights Being Waived

- I have a right to a hearing before the court on whether the Department's request should be granted.
- I have a right to be represented by an attorney and, if I cannot afford an attorney, one will be appointed for me.
- At a hearing, the Department would have to show that an extension will further my rehabilitation as well as the interests of the community.
- If I waive these rights, the court can enter an order extending my confinement time.

_____ **Please initial that you have read your rights.**